

**Better Choices, Better Health: Living Well Alaska**  
**Workshop Attendance Record**

<b>Names of Leaders:</b>											
<b>Dates of Workshop:</b> From: _____ To: _____											
<b>Location:</b> _____											
<b>Address:</b> _____											
<b>City:</b> _____ <b>ZIP:</b> _____											
Participant Initials (no names) Age:      Male/Female (circle)			Participant # 1-20	Sessions Attended (circle)						Completed 4/6 Sessions	Completed 6/6 Sessions
Initials:	Age:	M/F		1	2	3	4	5	6		
Initials:	Age:	M/F		1	2	3	4	5	6		
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Initials:	Age:	M/F		1	2	3	4	5	6		
Initials:	Age:	M/F		1	2	3	4	5	6		
<b>Total Attendance by Session:</b>											
				<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>4/6</u>	<u>6/6</u>

**Leader: please complete this form and send it along with pre and post feedback forms after the 6<sup>th</sup> session to:**

**Better Choices, Better Health/State of Alaska/SCDPHP  
 3601 C Street, Suite 722  
 Anchorage AK 99503**